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Bib Data Sheet

CONFIRMATION NO. 1349

SERIAL NUMBER 10/057,419	FILING OR 371(c) DATE 01/25/2002 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. P-7586.01
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APPLICANTS

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** CONTINUING DATA *****

[Signature] This application is a CIP of 09/870,097 05/30/2001 PAT 6,650,942

** FOREIGN APPLICATIONS *****

[Signature] *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/19/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 13	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS

27581

TITLE

Implantable medical device with a dual power source

FILING FEE RECEIVED 1250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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